### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

King

**Enumclaw** 

NAME

**ADDRESS** 

COUNTY

**FACILITY** 

LOCATION

**Weyerhaeuser Company** 

Federal Way, WA 98063

Enumclaw, WA 98022

PO Box 9777, MS EC2-2C1

31002 Chinook Pass Highway

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## **DISCHARGE MONITORING REPORT (DMR)**

(2-16)

(17-19)

WA0040789 PERMIT NUMBER

000 DISCHARGE NUMBER

DAY

# **Submit Monthly**

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

#### **MONITORING PERIOD** YEAR МО DAY YEAR МО 01 TO OM (24-25) (20-21)(22-23)(26-27)(28-29)(30-31)

PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX.	FREQUENCY OF	SAMPLE TYPE	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	M U	NITS	(62-63)	ANALYSIS (64-68)	(69-70)
Oil & Grease	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	t n	ng/L	n/a	01/30	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	t n	ng/L	n/a	01/30	Grab
pН	SAMPLE MEASUREMENT											
P11	PERMIT REQUIREMENT						Report	t 5	S.U.	n/a	01/30	Grab
Manganese	SAMPLE MEASUREMENT											
Manganese	PERMIT REQUIREMENT						Report	tμ	ıg/L	n/a	01/30	Grab
Cadmium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	tμ	ıg/L	n/a	01/30	Grab
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						Report	t þ	ıg/L	n/a	01/30	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TIFY UNDER PENALTY OF LA ARED UNDER MY DIRECTIC SINED THAT UATED THE INFORMATION SONS WHO MANAGE THE SYS USERING INFORMATION, THE INVEDGE AND BELIEF, TRUE,	ON OR SUPERVISION IN AC QUALIFIED PERSONNEL I SUBMITTED. BASED ON MY STEM OR THOSE PERSONS NFORMATION SUBMITTED IS	CORDANCE WITH PROPERLY GATI INQUIRY OF THE DIRECTLY RESPO TO THE BEST OF	A A SYSTEM HERED AND PERSON OR INSIBLE FOR				TELEPHO	DNE	D	ATE
TYPED OF PRINTED		RE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDIN SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, SEE 18 USC. OF ALL SIGNIFICANT SIGNIFI			USC § FINES UP TO SIGNA	TO SIGNATURE OF PRINCIPAL EXECUTIVE		AREA CODE	NU	JMBER	YEAR N	IO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used

(REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.)

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NAME

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# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## **DISCHARGE MONITORING REPORT (DMR)**

(17-19)

WA0040789

000 DISCHARGE NUMBER

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

**Submit Monthly** 

	PE	RMIT NUM	BER
_			
		N	101
	YEAR	МО	

	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY					
FR DM			01	TO								
	(20-21)	(22-23)	(24-25)	=	(26-27)	(28-29)	(30-31)					

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LO	QUANTITY OR LOADING (54-61)		(y) <b>QUALITY OR (</b> (46-53)			NO. EX.	FREQUENCY OF		SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUN	I AVERAGE	MAXIMU	M UNITS	(62-63)	ANALYSIS (64-68)	,	(69-70)
Lead	SAMPLE MEASUREMEN	т										
LCau	PERMIT REQUIREMEN	т					Repor	t µg/L	. n/a	01/30		Grab
Copper	SAMPLE MEASUREMEN	т										
	PERMIT REQUIREMEN	т					Repor	t µg/L	. n/a	01/30		Grab
Zinc	SAMPLE MEASUREMEN	т										
	PERMIT REQUIREMEN	т					Repor	t µg/L	. n/a	01/30	_	Grab
	SAMPLE MEASUREMEN	Т										
	PERMIT REQUIREMEN	т										
	SAMPLE MEASUREMEN	т										
	PERMIT REQUIREMEN	т										
	SAMPLE MEASUREMEN	т										
	PERMIT REQUIREMEN	т										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS ' PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SY DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSO PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLI SATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY		H A SYSTEM HERED AND PERSON OR DNSIBLE FOR			TELEPHONE		DATE			
		RE SIGNIFICANT PENALTIES DSSIBILITY OF FINE AND IMPR	JE, ACCURATE, AND COMPLET FOR SUBMITTING FALSE IN RISONMENT FOR KNOWING VIO	FORMATION, INC	LUDING THE USC §							
TYPED OR PRINTED		1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)			FINES UP TO S	SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE		NUMBER	YEAR	МО	DAY	

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